						PTO/SE	B/81 (01-06) rmod	difi	
POWER OF ATTORNEY	Applic	Application Number			09/938,669				
AND CORRESPONDENCE ADDRESS	Filing	Filing Date			August 27, 2001				
INDICATION FORM	First N	First Named Inventor		Jens Petersen				_	
Address to:	Title	Title Polyacrylam Endoprosthe			nide Hydrogel As A Soft Tissue Filler nesis				
[IF APPLICABLE: MAIL STOP POST ISSUE]	Art Un	Art Unit		1615					
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Examiner Name		Carlos A. Azpuru					
		Attorney Docket No.		60117.000004				_	
hereby revoke all previous powers of attorney gi	ven in the	above-	identifi	ed applica	ation.				
l hereby appoint:								_	
Practitioners associated with the Customer Numbe OR				2196	7				
Practitioner(s) named below:									
Name	Name Reg				stration Number				
as my/our attorney(s) or agent(s) to prosecute the app States Patent and Trademark Office connected therev		dentified	above,	and to tra	nsact a	all busine	ss in the Uni	te	
Please recognize or change the corresponde	nce add	ress fo	r the a	bove-ide	ntifie	d applic	ation to:		
The address associated with the above OR	e-mentic	oned C	ustom	er Numb	er <b>21</b>	967			
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City			State			Zip		_	
Telephone			Facsimile					_	
I am the: Applicant/Inventor.			•						
Assignee of record of the enti									
Statement under 37 C.F.R. § SIGNATURE of Ap					3/96).				
Signature Signature	2	. Assigi		Date	يمك	aku h	er 21, Zel	0	
Typed or Printed Name Michael J. Peytz	-			Telephone	+45	3958 59	160	÷	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Title and Company

\*Total of

CEO, Contura A/S

forms are submitted.